LOBBYIST A	NNUA	L REP	ORT FORM	1 P	Rgc	ofPage(s)
State of Idaho To Be Fi	led By:			ļ T	HIS SPACE	FOR OFFICE USE ONLY
Ben Ysursa Secretury of State	/ .	BBYISTS c. 67-6619)	05 JAN 31	PM S	5: 04
			SE	STATE OF	Ur S	STATE
(Type or print clearly in black ink) See instructions at bottom of page				JIAIE UI	IUA	HO
Juck Vun Valken burg		Date p	repared		Period c	overed year ending
PO Box 1897		1	-31-07	5	(Mo.)	(Da)) (Yr.)
5015E, 10 83 tol					12	31 04
Totals of all reportable expenditures made or incurre						
simbursed Personal Living and Travel spenses Pertaining to Lubbying Activity All Employers	, at botto	m of page.)	buted by each em			
Do Not Have to be Reported Em	ployer No	D. 1 E	mployer No. 2	Employer N	No. 3	Employer No. 4
Entertainment S S S S S S S S S S S S S S S S S S S		\$ -		\$		\$
iving Accommodations		-				
Advertising		-				
Travel		-			 ,	
Telephone		-			—- ¦	
Other Expenses or Services		-				
Total \$ \$		s <u>-</u>		\$		\$
*When the number of employers you are reporting for requires multi Item The totals of each expenditure of more than fifty dollars (hould be en	ntered on Page 1.
2 Date Place		mount		of Legislators & P	ublic Offic	cials in Oroup
14/10						
W/A -						
					Pne	184-5
				E.	U	110
Continued on attached page(s)		1 1	l			
Instructions	Item 3		mployor(s) Name(s	s) and Add	iress(os)	
Who should file this form: Any lobbyist registered under Sec 67-6617 Idaho Code.	ction	No.1	ACLU of POBOY 1 Boise,	397	701	
Filing deadline: Annual report is due on January 31st.		No.2				
TO BE FILED WITH: Bon Yaursa		<u> </u>				
Secretary of State PO Box 83720		No.3				
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282		No.4				

	personal property to any Legislator, or for or on behalf of a Date Amount			Name of Legislator Receiving or Benefited					
N	AON								
	or Ho the L	obbyłst w Bill, Re	Resolution or other as supporting or or solution or Other	Appropriation Bill Number	Code 01	LEGISLATIVE SUI Subject Agriculture, harriculture, farming, and livestock		IDENTIFICATION Subject Health service, medicine, drugs and controlled substances, health	
TOM L	able		ve Ident Number	and Section Number	08 09 10 11 12 13 14 15 16	Amusements, games, athicitics and sports Banking, finance, credit and investments Children, minors, youth, sanior citizens Church and religion	27 28 29 30	insurance, hospitals insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, aniarios and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons Licanse, permits Liquor Manufacturing, distribution and services Nanural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, talevisions, radio, newspaper, power, CATV, gas Other (please specify) Date Date	
TIP(C	CATIO	N: I herel	by certify that the a	bove is a true, complete and 67-6624 Idaha Code.	1	Employer No. 3 signature		Date	
416		41 acoun	THE AIR SECTION	0/-0024 168AG C9Gs.	1	Employer No. 4 signature		Date	